

# NEIGHBORHOOD ORGANIZATION REGISTRATION

Please type or print the following information:

Organization Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, Zip Code: \_\_\_\_\_  
Telephone Info. \_\_\_\_\_(H) \_\_\_\_\_(W)  
E-mail: \_\_\_\_\_

What is your organization's organization/structure? (i.e. officers, committees, etc.)

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What are the boundaries of your neighborhood organization?

North \_\_\_\_\_  
West \_\_\_\_\_  
East \_\_\_\_\_  
South \_\_\_\_\_

Approximately how many households are represented by your organization? \_\_\_\_\_

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What is the meeting schedule of your organization? \_\_\_\_\_

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Does your organization have or plan to have written by laws? \_\_\_\_\_(Y) \_\_\_\_\_(N)

Does your organization produce or plan to produce a newsletter? \_\_\_\_\_(Y) \_\_\_\_\_(N)

If so, how often? \_\_\_\_\_

Thank you for your input. Please fax or mail this form to:

City of Riverside/Office of Neighborhoods  
3900 Main Street, 6<sup>th</sup> floor  
Riverside, CA 92522  
Fax: (909) 826-2591